

REQUEST FOR PRINTING
STATE OF NORTH DAKOTA
SFN 2490 (Rev. 04-2005) Phone 328-2772

Submitted To:

☐ Docutech

Instructions: Agency is required to complete top section and Section A. CDS staff will complete Section B. Provide sample copy if possible.

Authorized Agency Signature

Dept. No. 	Department Name	Division 	Project	Person or alternate to contact if more information is needed:	Phone	Order Number -
Item Title/Include State Form Number on Forms			Date Required			Date Completed

SECTION A

Completed Project Will Have

PRINTING INFORMATION

[illegible]

Fold <input type="checkbox"/> Half <input type="checkbox"/> S-Fold <input type="checkbox"/> Letter <input type="checkbox"/> Other	Staple <input type="checkbox"/> Corner <input type="checkbox"/> Side <input type="checkbox"/> Saddle <input type="checkbox"/> Landscape <input type="checkbox"/> Other	Drill # Holes <input type="checkbox"/> Top _____ <input type="checkbox"/> Side _____	Special Finishing <input type="checkbox"/> Plastic Comb <input type="checkbox"/> Tape <input type="checkbox"/> EZ Coil <input type="checkbox"/> Glue Special Order Colors Available	<input type="checkbox"/> Shrink Wrap _____ Sheets Per Pkg <input type="checkbox"/> Collate _____ Sheets Per Set <input type="checkbox"/> Pad _____ Sheets Per Pad <input type="checkbox"/> Cut to _____ Finished Size	<input type="checkbox"/> Slip Sheet every <input type="checkbox"/> Mail Tabs <input type="checkbox"/> Labeling <input type="checkbox"/> Perforate/score _____ per sheet <input type="checkbox"/> Rubberband _____ pkg	<input type="checkbox"/> Head to Toe <input type="checkbox"/> Head to Head <input type="checkbox"/> Front to Back	<input type="checkbox"/> Vendor Pickup Required Phone No. _____ <div style="text-align: center;">Numbering</div> <input type="checkbox"/> Black Ink <input type="checkbox"/> Red Ink
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Envelopes	Total Number of Originals	1-Sided	2-Sided	Qty.	Ink Color(s)	<input type="checkbox"/> Regular <input type="checkbox"/> Window	<input type="checkbox"/> #10 <input type="checkbox"/> #9	<input type="checkbox"/> Privacy Tint	Start #
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SECTION B

BILLING INVENTORY RECORD

Date	Inventory Number						Quantity			Empl		<div> <div></div> <div>distributed outside your agency; the required eight copies will be deposited with the State Library.</div> <div>End #</div> </div>	
							Billable	Overrun	Total				
												<input type="checkbox"/> Graphics and Artwork to be returned to: _____ Special Instructions: (If possible, please provide sample)	
												Billing Address	
												Shipping/Delivery Address	
												CSD Distributed 8 copies to the State Library.	Initial